This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA – Department of Health and Human Services
Regulation and Licensure – Credentialing Division
P.O. Box 94986, Lincoln, NE 68509-4986

Expiration Date

February 28, 2007

# HEALTH CLINIC LICENSURE RENEWAL APPLICATION

Health Clinic Type: Please Check

- ❑ Health Clinic
- ❑ Public Health Clinic
- ❑ Ambulatory Surgical Center
- ❑ Facility providing labor and delivery services
- ❑ Facility providing 10 or more abortions per week
- ❑ Facility providing hemodialysis services
- ❑ Other _____ (please specify)

## IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

_____
_____
_____
_____

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

_____
_____
_____
_____

LICENSE NO: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____
ADMINISTRATOR: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If not individual)

4. NUMBER OF PATIENT ADMISSIONS IN THE PAST YEAR: _____ (Not Applicable to Ambulatory Surgical Centers)

5. NUMBER OF OPERATING/PROCEDURE ROOMS: _____ (Only Applicable to Ambulatory Surgical Centers)

6. ACCREDITATION/CERTIFICATION: (check if applicable) Are you requesting deemed status? ❑ Yes ❑ No
❑ JCAHO ❑ Accreditation Association of Ambulatory Health Care (AAAHC) ❑ Medicare/Medicaid

## OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: _____
_____

8. BUSINESS ORGANIZATION: (Check one)

- ❑ Sole Proprietorship
- ❑ Partnership
- ❑ Limited Partnership
- ❑ Corporation
- ❑ Limited Liability Company
- ❑ Governmental (Check one) ❑ State ❑ District ❑ County ❑ City or Municipal
- ❑ Other (Please Specify) _____

(check one)
❑ Profit ❑ Non Profit

## CERTIFICATION

I/we have read the Rules and Regulation issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

**PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by**

**(1) the owner, if the applicant is an individual or partnership,**
**(2) two of its members, if the applicant is a limited liability company,**
**(3) two of its officers, if the applicant is a corporation, or**
**(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.**

| AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) | SIGNATURE | DATE |
|---|---|---|
| | | |

| AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) | SIGNATURE | DATE |
|---|---|---|
| | | |